Office of the Fire Marshal

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PREPARATION OF A SMOKING POLICY IN LONG-TERM CARE FACILITIES

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GUIDELINE

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Abstract

This guideline is intended to assist owners/operators, managers and staff of long-term care facilities that permit resident smoking, in the development and implementation of an effective smoking policy. The guideline supports smoking standards provided in the *Tobacco Control Act, 1994* for these types of facilities.

The guideline lists and expands upon basic procedures required for safe smoking practices within long-term care facilities and the responsibilities of the owner/operator, staff, residents and visitors in carrying out these practices. The education of staff, visitors and residents in the safe use and control of smoking materials is also stressed in this guideline.

Designated smoking areas (both indoors and outdoors) for the residents should have appropriate furnishings and life safety features to ensure that there is little opportunity for a fire to start. The residents should be supervised while in smoking areas and be provided with clothing protection suitable for preventing the ignition of their clothing by smoking materials.

The guideline also provides some suggestions for dealing with individuals who fail to comply with the established policy and procedures for safe smoking.

1.0 SCOPE

This guideline has been prepared by the Office of the Ontario Fire Marshal, the Ontario Ministry of Health and Long Term Care, and the Ontario Long-Term Care Association with the assistance of the Ontario Association of Non-Profit Homes and Services for Seniors, the Ontario Association of Fire Chiefs, the Ontario Municipal Fire Prevention Officers Association and the Ontario Residential Care Association.

The Ministry of Health and Long Term Care recognizes the needs of residents who are smokers, and supports those facilities that allow residents to smoke under controlled conditions. This guideline is intended to assist owners/operators, managers and staff of long-term care facilities that permit resident smoking, in developing and implementing an effective smoking policy.

A written detailed smoking policy is a necessity for all long-term care facilities that permit smoking by residents on the premises. The document should clearly identify the scope of the policy and the responsibilities of the owner/operator, staff, residents and visitors. Smoking and non-smoking areas should be identified within the policy, as well as minimum requirements for establishing a safe environment in smoking areas. The policy should be reviewed annually, or sooner where resident population changes and needs necessitate it.

Staff training requirements related to the smoking policy should also be outlined in this document. This training is best integrated into the facility's Fire Safety Plan.

This guideline is intended to help in the development of procedures that ensure safe smoking practices within long-term care facilities. As a guideline, it allows users the opportunity to customize the procedures in a manner appropriate for their facility. Once these procedures are incorporated into a Fire Safety Plan however, they require approval by the Chief Fire Official (municipal Fire Chief or designate) under Subsection 2.8.1. of the Ontario Fire Code, and failure to implement them could result in prosecution. Subsequent changes to the procedures would also require approval by the Chief Fire Official.

Although this guideline is developed specifically for long-term care facilities, the safe smoking concepts and procedures included may be of use to other care facilities.

2.0 BACKGROUND

Smoking and the careless use of smoking materials is the cause of many fires in all types of occupancies. The consequence of fire in long-term care facilities is even more significant because most residents require direct assistance to evacuate the building. This is evidenced by statistics that show that most fire deaths in long-term care facilities over the last 20 years resulted from residents using smoking materials. Facilities have included smoking procedures in their Fire Safety Plan as a means of limiting fire from this potential source.

Identifying smoking as a potential fire hazard in the Fire Safety Plan is consistent with Subsection 2.4.3. of the Ontario Fire Code which states that "where conditions are such as to make smoking a fire or explosion hazard, smoking shall be permitted only in specifically **approved** smoking areas". An "**approved** smoking area" is one acceptable to the Chief Fire Official.

The Office of the Fire Marshal has developed a fire safety planning guideline specifically for institutional occupancies, a copy of which is available on the OFM web site at www.gov.on.ca/ofm/. This fire safety planning guideline was created to assist institutional facilities in complying with Subsection 2.8.1. of the Ontario Fire Code.

Once a smoking policy is included in the Fire Safety Plan, the owner/operator is responsible for implementing it, training all staff in its application, and ensuring that all residents are informed of the procedures for smoking and handling of smoking materials.

3.0 CONTROL OF FIRE HAZARDS RELATING TO SMOKING

There are a number of best practices that should be included in a smoking policy for long-term care facilities to ensure that fire safety is addressed while taking into consideration the needs of the individual. These best practices are as follows:

- Restrict smoking to a designated area (consistent with O. Reg. 613/94, "*Tobacco Control Act*" and/or Bill 119, "An Act to prevent the Provision of Tobacco to Young Persons and to Regulate its Sale and Use by Others"). See also Section 4.0 of this guideline.
- Restrict smoking to times when staff supervision is provided (residents attended by visitors may use smoking areas without staff supervision where written permission is granted by staff). Smoking periods should be designated and posted.
- Post the facility smoking policy and procedures in readily observable locations.
- Ensure that smoking materials (i.e. cigarettes, matches and lighters) are controlled by staff and not residents. Refillable cigarette lighters or fuel should not b permitted in the facility. Safety matches and disposable lighters are acceptable.
- Ensure operation of lighters and matches to light tobacco products is done under direct supervision.
- Advise visitors of the facility's smoking policy.
- Restrict smoking materials from being available for purchase from any on-premise source, including tuck shop (consistent with O. Reg. 613/94, "*Tobacco Control Act*" and/or Bill 119, "An Act to prevent the Provision of Tobacco to Young Persons and to Regulate its Sale and Use by Others").
- Require residents to wear fire retardant treated smoking aprons while smoking.
- Restrict blankets and cushions accompanying residents when smoking in wheelchairs.
- Restrict residents "on oxygen" from smoking or entering the designated smoking areas while oxygen is flowing. Oxygen flow must be shut-off by staff prior to allowing admittance by these residents to smoking areas.
- Post suitable signage on doors to rooms of residents "on oxygen", indicating "**No Smoking – Oxygen in Use**".

The implementation of a smoking policy is an effective means of reducing fires caused by smoking materials. Successful and effective implementation of this policy however, is only feasible if resident smokers are provided with designated smoking areas and sufficient smoking periods to satisfy their smoking needs. The provision of designated smoking areas enables staff to monitor residents in a fire safe environment during their smoking periods.

The control of smoking materials by staff is another effective measure in the prevention of accidental fires from occurring due to unauthorized smoking. This control is most effective when residents are confident that they can obtain tobacco products and a "light" from the staff during designated smoking periods. Frequency of smoking periods should be based on realistic needs of the residents.

In spite of the smoking restrictions and supervision provided for resident smokers, accidents with smoking materials can still happen. A dropped cigarette or other smouldering tobacco product can ignite clothing, resulting very quickly in serious injuries. The use of a fire retardant treated smoking apron by the residents is an effective tool in reducing the possibility of this occurring. The practice of wearing smoking aprons should be equally applied to all residents, regardless of their capabilities, to ensure a consistent application for smoking both indoors and outdoors on the facility property.

The education of persons visiting residents is imperative to ensuring safe smoking practices in long-term care facilities. Visitors should be made aware that the facility has a "restricted smoking" policy and that smoking is only allowed in designated areas. They should also be made aware that smoking materials should not be given directly to the residents, but instead left with staff for controlled dispensing to residents.

A copy of the smoking policy should be given to residents at the time of their admission to the facility, as well as their families. Safe smoking practices should also be explained to visitors upon entering the building and/or the smoking policy should be posted in a location readily viewable upon entering the building. Further smoking policy reminders should be posted in strategic locations in the building, i.e. adjacent elevator doors, at entrances to bedroom wings and in visitation areas. Copies of the policy should be provided to visitors requesting it.

"No Smoking" signs should be posted throughout the facility. Use of symbol-type signs will help ensure that visitors and residents understand the smoking policy.

4.0 DESIGNATED SMOKING AREAS

Smoking should be permitted in designated smoking areas only, located either indoors or outdoors at the discretion of the operator. These smoking areas should contain limited combustibles, include features that permit maximum supervision by staff, promote safe smoking practices and reduce the risk of a fire that would affect the safety of the residents. In addition,

fire safety procedures implemented by staff will reduce the chance of an accidental fire within these areas.

Designated smoking areas should include the following features and best practices to ensure fire safety.

4.1 Indoor Smoking Rooms

- Enclose with walls that separate it from the remainder of the floor area consistent with O.Reg. 613/94, *Tobacco Control Act*. In most cases, the room will require a fire separation and a door with a self-closing device. Details of the fire separation (i.e. fire-resistance rating) should be reviewed with municipal authorities.
- Identify with posted signs consistent with O.Reg. 613/94, *Tobacco Control Act*.
- Lock access during unsupervised periods after confirming room is empty.
- Design to facilitate maximum visibility from outside the room for staff to supervise the smokers. Video cameras that cover all areas of the smoking room, along with monitors located at constantly staffed locations on the same floor may be used to assist supervision.
- Provide with hard-wired or battery powered single-station photoelectric type smoke alarms (Note: ventilation in room should be sufficient to prevent false alarms from accumulated cigarette smoke).
- Restrict combustible materials, such as carpets, books, magazines and other paper products, from this area.
- Provide with ashtrays designed to keep unattended smouldering cigarettes from falling on the floor or furniture.
- Empty ashtrays after each smoking period into a metal receptacle that is kept in a location acceptable to the Chief Fire Official.
- Check furniture after each smoking period for smouldering fires.
- Use waste receptacles that are listed (i.e. ULC, UL or FM approved) as a self-extinguishing type, if waste receptacles are to be provided.
- Locate a fire blanket near the entrance door to the room or in a location immediately accessible to staff supervising the smoking room.
- Install a minimum 2A fire extinguisher at or near the entrance to the room
- Furnish room with furniture that has limited combustible cushioning. Where upholstered furniture is used, it should be maintained in good repair (i.e. no holes or tears in the upholstery that could expose infill materials that may not be fire retardant) and meet one of the following ignition test standards:
  (a) UFAC (Upholstered Furniture Action Council) Standard,
  (b) NFPA 260, "Standard Methods of Test and Classification System for Cigarette Ignition Resistance of Components of Upholstered Furniture – 1998 Edition",
  (c) ASTM E 1353-90, "Standard Test Methods for Ignition Resistance of Components of Upholstered Furniture",
  (d) California Technical Bulletin 116 (TB116), "Requirements, Test Procedure and Apparatus for Testing the Flame Resistance of Upholstered Furniture".

4.2 Exterior Smoking Areas Located on the Property

- Identify with posted signs.
- Locate in an area free of significant combustibles.
- Locate in an area that facilitates maximum visibility by staff for supervision of the smokers. Alternative arrangements such as video cameras that cover the smoking area, along with monitors located at constantly staffed locations on the same level may be used to assist supervision.
- Provide with ashtrays.
- Locate a fire blanket near an adjacent entrance door to the building or in a location immediately accessible to staff members supervising the smoking area.
- Install a minimum 2A fire extinguisher inside, at the closest entrance to the building.

4.3 Supervision of Smoking Areas

Staff supervision of smoking areas may typically be limited to a single person. However, if the occupancy of the smoking area exceeds 20 smokers during any period, then consideration should be given to assigning a second staff member to assist with the supervision. Consideration should also be given to overcrowding conditions in the smoking area, as accidents with smoking materials could result.

5.0 POLICY ENFORCEMENT

Once established, the smoking policy will apply to all residents and visitors. Although smoking by visitors is seldom a source of fire ignition in long-term care facilities, their actions can result in unsafe smoking practices by residents.

A comprehensive smoking assessment of each resident smoker should be conducted upon his or her initial arrival to the facility. Follow-up assessments should be done on a quarterly basis to determine any change in the smoking risk associated with a resident, with records kept on file for future reference. The assessment should be more frequent for residents with a record that indicates breeches of the smoking policy and procedures.

No matter what controls are placed on restricting the availability of smokers' materials, some residents may still be able to obtain these materials from an uncontrolled source. Staff should be alert to signs indicative of individuals who do not follow the established smoking policy and procedures. Examples of such evidence include burn holes in resident's clothing, burn marks on furniture, discarded smokers' materials in non-smoking areas and the presence of smoke odour in non-smoking areas, especially bedrooms and washrooms.

Written records should be kept of all incidents where the smoking policy has been breeched. This record will assist staff in identifying specific patterns and behaviours where corrective steps

are needed. When a resident is identified to have breeched the smoking policy and procedures, precautionary instructions should be incorporated into the resident's care plan.

In order to have an effective smoking policy, procedures are required to outline the actions to be taken by facility management and staff to address breeches of the smoking policy. An example of such procedures is provided below.

Example of Follow-Up Procedures

Upon encountering an incident that contravenes the facility's smoking policy, staff should take the following action.

RESIDENT

- Require resident to immediately extinguish smoking materials (i.e. cigarettes, matches, etc.).
- Take control of the smoking materials.
- Provide a reminder to the resident of the smoking policy and procedures.
- Record the incident in the resident's file.
- Issue a letter to the family or substitute decision maker, notifying them of the incident and the facility's smoking policy (discretion may be used for a first occurrence).
- For individuals with a history of breeches of the smoking policy and procedures:
  (a) issue a letter to the family or substitute decision maker and the resident, with a copy kept on file,
  (b) further restrict/control smoking privileges if appropriate,
  (c) take any other steps necessary to protect the occupants of the building (e.g. installation of smoke alarm over resident's bed).

VISITOR

- Provide the visitor with a copy of the smoking policy for the facility.
- Require the visitor to cease smoking and/or leave the premises.
- Document incident and report it to the Administrator.
- Document incident in the file of resident associated with the visitor.

6.0 STAFF TRAINING

It is important that all staff receive a copy of the facility's smoking policy and that the policy is posted in staff areas for easy reference. The policy should be reviewed by all current staff as part of their annual in-service training and explained to new staff at the start of their employment. Staff should be informed of their responsibility to strictly follow the smoking policy and procedures. A process should be established to review the policy with staff who do not follow the established procedures and to retain documentation of such incidents.

The smoking policy should be a topic of discussion at resident council meetings and family information nights, etc. Management should also review the smoking policy in conjunction with the Long Term Care Facility Program Manual.

Staff must be trained in the use of fire blankets to assist residents as part of the "Stop, Drop and Roll" technique for extinguishing a fire involving a person's clothing. It is also important that fire extinguisher training be provided for staff supervising the smoking areas.